

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | NW | 71534 | 09-19-00 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | 49652 | 9-19-99 |
| RESPONSE FORMALITY REVIEW | | | 10/24/00 |
| | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 -+ Restricted O Objected

| Claim | Date |
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| Final | Original |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here